



TOWN OF FOXBOROUGH

Inspections Department

40 South Street

Foxborough, MA 02035

Telephone: (508) 543-1206 / Facsimile: (508) 543-6278

INSTRUCTIONS FOR STOVE PERMITS (heating appliances)

The following information is needed to process your Stove Permit application:

1. The completed Stove Permit Application (installation only) with all information completely filled in.
2. Copies of the installing contractor's license and insurance.
3. One copy of the manufacturer's installation specifications must be included with the application and one copy must be kept on site for Inspector to use during stove inspection.
4. Stove Inspection Report – Items 1 & 2 should be filled out. Upon inspection, the Inspector will complete the balance of this form.

Stove may be installed after Stove Permit Application (Installation Only) has been signed. Upon installation, contact the Inspections Department to arrange for an inspection of the stove. The Stove Inspection Report must be approved prior to use of the stove.

- Attachments:
1. Stove Permit Application (Installation Only)
 2. Manufacturer's Instruction (Sample)
 3. Stove Inspection Report



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STOVE PERMIT APPLICATION (Installation Only)

All stoves must have National Test Standard Tag on the appliance
per Massachusetts State Building Code 3610.

Date: _____

Permit Fee: \$40.00 per unit

Applicant's Name: _____

Applicant's Address: _____ Telephone # _____

Property Owner's Name: _____

Property Owner's Address: _____ Telephone # _____

Stove Information (All stoves, per code, must be UL listed)

Type of Stove _____ (wood, coal, insert, etc.) Model: _____

Manufacturer: _____ National Listing: _____

Installer's Name/Company Name: _____

Address: _____ Telephone #: _____

License #: _____ Insurance Co. Name: _____
(please include copy, if not presently on file)

Chimney Type (type of lining): Masonry: _____ Metal: _____ Other: _____

Any other appliances on flue: _____ No: _____ Yes: _____
Name of appliance(s) _____

Stove Location: (Room, Floor/Level, etc.) _____

Estimated Value: \$ _____

Signature of Applicant: _____ Date: _____

Office Use Only

Above mentioned stove may be installed as described above.

Building Official Signature

Date

A Stove Inspection Report from this Office is required after stove is installed and prior to use of stove.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



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STOVE INSPECTION REPORT

Date of Inspection: _____

1. OWNER: _____ Lot No. _____ Map No. _____

ADDRESS: _____ Telephone # _____

STOVE INFORMATION:

2. Manufacturer: _____ Model: _____

Additional Information: _____

Location of Stove: (Room, Floor/Level, etc.) _____

Hearth: (Size, Type, Style, etc.) _____

Chimney type: _____

Any other appliances on flue: _____ No: _____ Yes: _____
Name of appliance(s)

Smoke Detectors?: _____ No: _____ Yes: Type: _____

Stove inspected by: _____ Date: _____

Pass: _____ Fail: _____ Reinspection Required (Date): _____

Comments: _____

Tentative Interim Amendment 211-84-1
to the
Standard for
Chimneys, Fireplaces, Vents and
Solid Fuel Burning Appliances
NFPA 211-1984

Pursuant to Section 15 of the NFPA Regulations Governing Committee Projects, the National Fire Protection Association has issued the following Tentative Interim Amendment to NFPA 211, *Standard for Chimneys, Fireplaces, Vents and Solid Fuel Burning Appliances*, 1984 edition. The TIA was processed by the Committee on Chimneys, Fireplaces and Venting Systems for Heat Producing Appliances and was issued by the Standards Council on July 12, 1985.

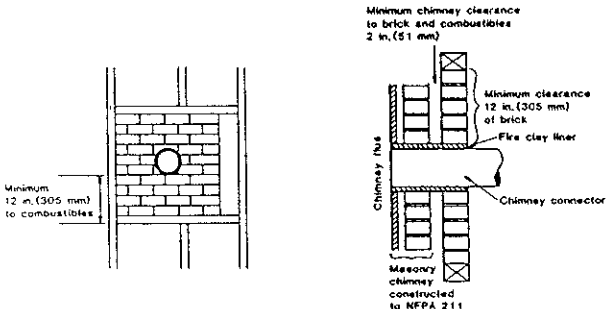
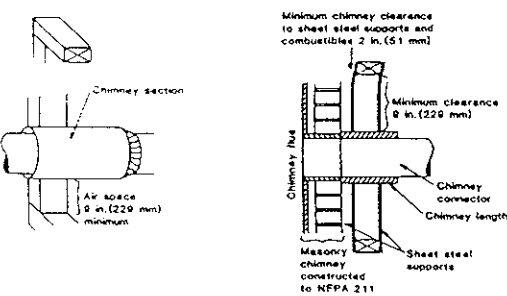
A Tentative Interim Amendment is tentative because it has not been processed through the entire standards-making procedures. It is interim because it is effective only between editions of the standard. A TIA automatically becomes a Proposal of the proponent for the next edition of the standard; as such, it then is subject to all the procedures of the standards-making process.

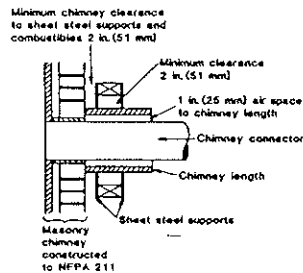
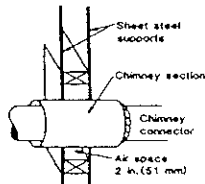
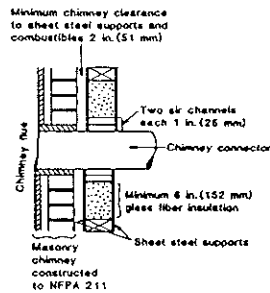
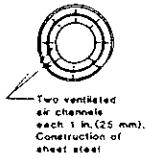
1. Revise 5-7.4 and 5-7.5 to read as follows:

5-7.4 Connectors for residential-type appliances [Table 1-2 (a), Column I] may pass through walls or partitions constructed of combustible material to a masonry chimney or another room if the connector is either listed for wall pass-through or is routed through a device listed for wall pass-through and is installed in accordance with the conditions of the listing.

5-7.5 Connectors for residential-type appliances may pass through walls or partitions constructed of combustible material to a masonry chimney or another room if the connector system selected or fabricated is installed in accordance with the conditions and clearances in Table 5-7.

Table 5-7
Chimney Connector Systems and Clearances from Room Wall Combustibles
for Residential Heating Appliances

System	Clearance in/mm
	<p>A. Minimum 3.5-in. (90-mm) thick brick masonry wall framed into combustible wall with a minimum of 12 in. (305 mm) brick separation from clay liner to combustibles. Fire clay liner (ASTM C315 or equivalent), minimum 3/4-in. (16-mm) wall thickness, shall run from outer surface of brick wall to, but not beyond, the inner surface of chimney flue liner and shall be firmly cemented in place.</p>
	<p>B. 6-in. (152-mm) inside diameter solid insulated listed factory-built chimney length having 1 in. (25 mm) or more of insulation with a minimum 9 in. (229 mm) air space between the outer wall of chimney section and combustibles. Minimum length of chimney section shall be 12 in. (305 mm). Opening shall be covered and chimney section supported on both sides with sheet steel supports, minimum 24 gage (0.024 in./0.61 mm) in thickness. Supports shall be securely fastened to wall surface on all sides but shall be sized to fit and hold chimney section without fasteners.</p>



C. 6-in. (152-mm) inside diameter sheet steel chimney connector, minimum 24 gage (0.024 in./0.61 mm) in thickness, with a ventilated thimble, minimum 24 gage (0.024 in./0.61 mm) in thickness, having two ventilated 1-in. (25-mm) air channels, separated from combustibles by a minimum of 6 in. (152 mm) of glass fiber insulation. Opening shall be covered and thimble supported with a sheet steel support, minimum 24 gage (0.024 in./0.61 mm) in thickness. Support shall be securely fastened to wall surface on all sides but shall be sized to fit and hold thimble without fasteners.

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D. 8-in. (203-mm) inside diameter solid insulated listed factory-built chimney length having 1 in. (25 mm) or more of insulation, serving as a pass-through for a 6-in. (152-mm) inside diameter single wall sheet steel chimney connector, minimum 24 gage (0.024 in./0.61 mm) in thickness, with a minimum 2 in. (51 mm) air space between the outer wall of chimney section and combustibles. Minimum length of chimney section shall be 12 in. (305 mm). Chimney section concentric with and spaced 1 in. (25 mm) away from connector by means of sheet steel support plates on both ends of chimney section. Opening shall be covered and chimney section supported on both sides with sheet steel supports, minimum 24 gage (0.024 in./0.61 mm) in thickness. Supports shall be securely fastened to wall surface on all sides but shall be sized to fit and hold chimney section and chimney connector without fasteners.

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Notes:

1. Insulation material used as part of a wall pass-through system shall be of noncombustible material and shall have a thermal conductivity of 1.0 BTU·in./ft²·hr·°F (4.88 kg·cal/hr·m²·°C) or less.
2. All clearances and thicknesses are minimums; larger clearances and thicknesses are acceptable.
3. Any material used to close up an opening for the connector shall be of noncombustible material.
4. Any unexposed metal that is used as part of a wall pass-through system and is exposed to flue gases shall be constructed of stainless steel or other approved material that will resist corrosion, softening, or cracking from flue gases at temperatures up to 1800°F (982°C).

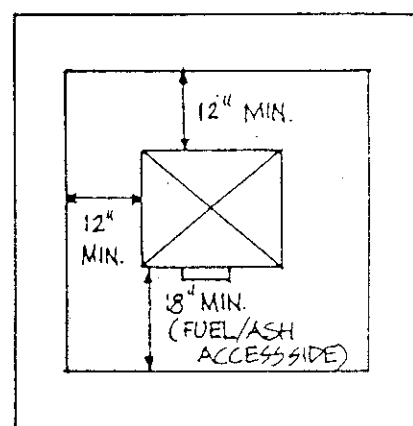
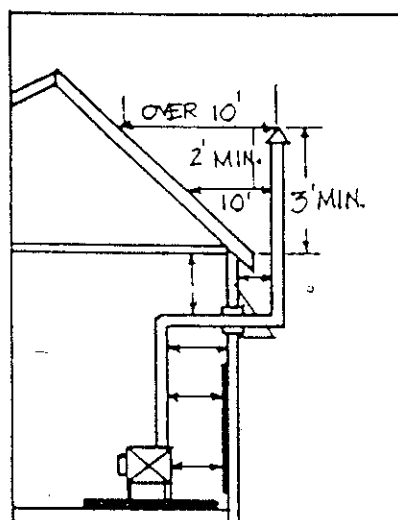
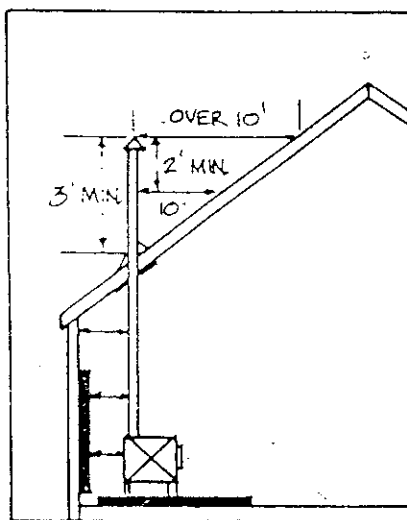
Building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

Stove

A. New _____ Used _____
 B. Type/radiant _____ Circulating _____
 C. Manufacturer _____ Lab. No. _____
 Name/Model No. _____ Collar size _____
 Dimensions/Height _____ Length _____ Width _____

Chimney

A. New _____ Existing _____
 B. Size (flue area) _____
 C. Other appliances attached to flue (Number and flue size) _____
 D. Prefab (Manufacturer—name and type) _____
 E. Masonry/Lined _____ Flue liner _____
 Unlined _____ (type & manufacturer) _____
 F. Height (refer to diagrams) _____ cap _____



HEARTH

CHIMNEY HEIGHT

Hearth (non-combustible)

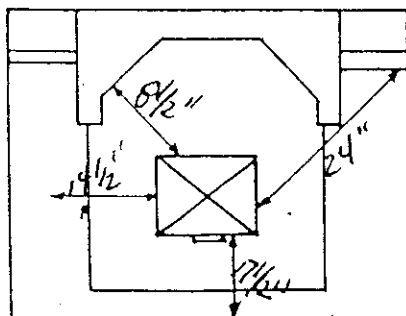
A. Materials _____
 B. Sub-floor construction _____
 C. Minimum dimensions (refer to diagram) _____

Clearances and Wall Protection (see stove installation clearances chart)

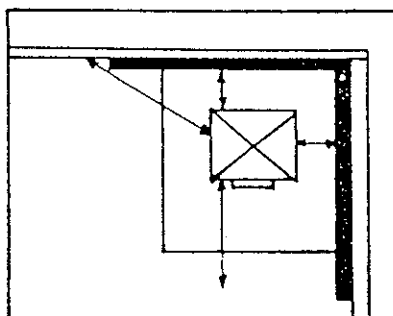
A. Type of wall protection provided _____
 B. Clearances (refer to diagrams) _____

Drawings close

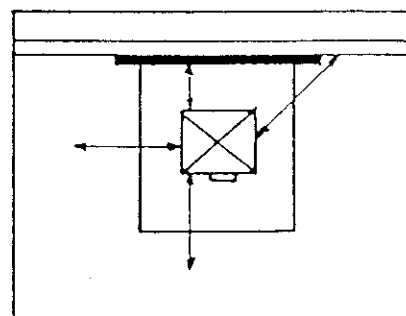
*12 1/2" TO MANTEL
24"*



FIREPLACE



CORNER



WALL/CENTER

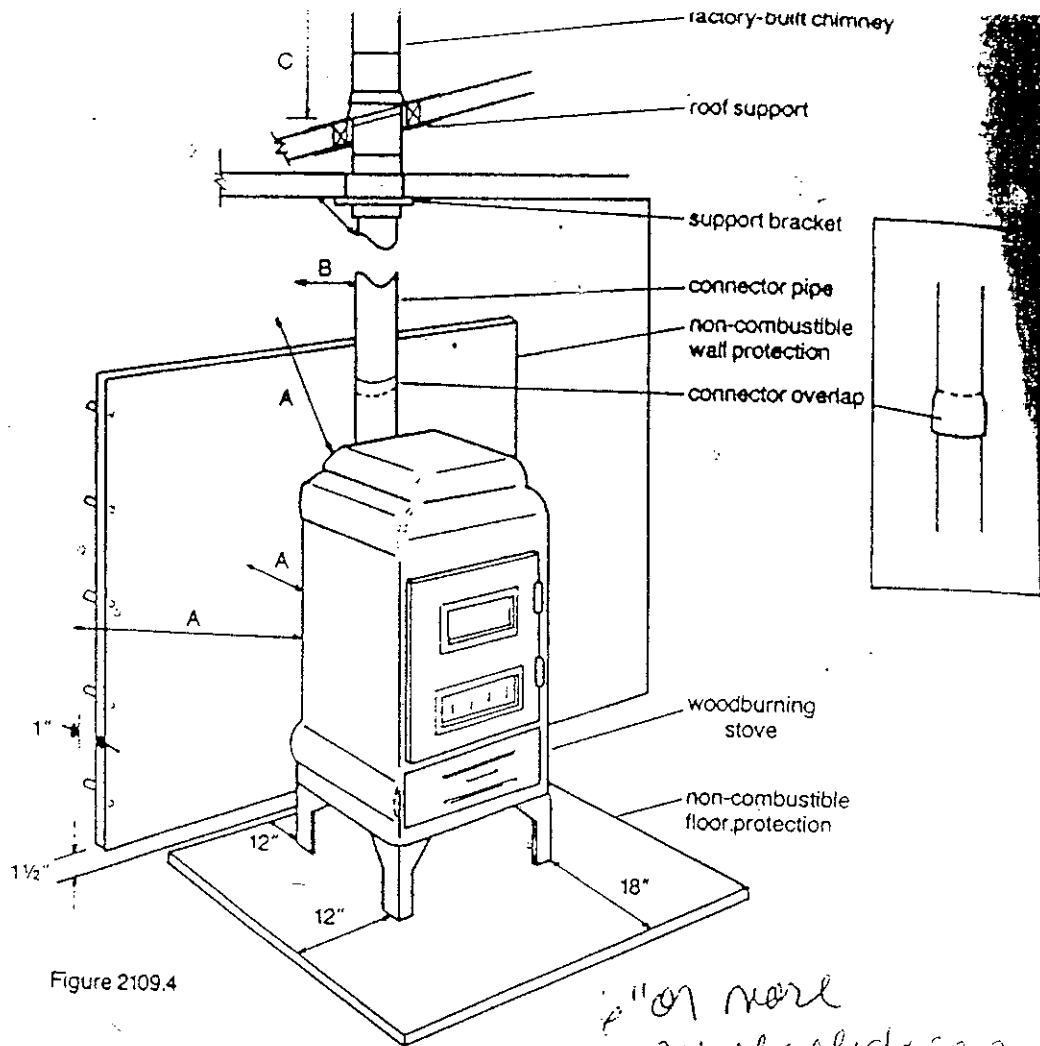


Figure 2109.4

*2" or more
2" of solidness*

Figure 2109.4
STOVE INSTALLATION CLEARANCES

Stove Components	Combustible Material	½" Asbestos Millboard Spaced Out 1" 2.	Concrete/Masonry Foundation Wall	Spaced Out 1" 4" Brick Veneer
Radiant Stove 1. —Front	36"	—	—	—
Circulating Stove —Front	24"	—	—	—
A. Radiant Stove 3. —Side/Back/Top	36"	18"	6"	18"
A. Circulating Stove —Side/Back/Top	12"	6"	6"	6"
B. Single Wall Connector Pipe	18"	12"	6"	8"
B. Insulated Connector Pipe	2"	2"	2"	2"
C. Chimney Height (Metal or Masonry)	Three (3) feet above adjacent roof and two (2) feet above any roof ridge within 10 feet			
D. Damper	If a damper is not included in the stove construction, it must be installed in the connector pipe.			

1. Front: Fuel or ash access side.

2. Non-combustible spacers required.

3. Clearances on each side of a radiant stove with a heat shield shall be measured as if a circulating type.

Note: Clearances shall be measured perpendicular to stove body.

Laboratory verified test clearances permitted.